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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Verified and Acknowledged (RUTH A DAVIS/ Examiner's Signature)			JAPAN	0	4	2

ADDRESS

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TITLE

Ophthalmic composition

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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